



2026 Benefits Guide

January 1 – December 31, 2026





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Welcome



At Columbus Consolidated Government we appreciate your commitment and contributions to our organization's success. Each year, we strive to offer benefit plans to our employees that not only reward you for your hard work but offer you and your family comprehensive and affordable health and wellness protection. We are confident that you will find our benefit offerings to be of excellent value to you and to your dependents.

In the following pages, you will find a summary of our benefit plans for 2026. Please read this guide carefully as you prepare to make your elections for the upcoming plan year to ensure that you select the coverage that is right for you. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs).

ABOUT THIS GUIDE

This Benefits Guide describes the highlights of the Columbus Consolidated Government Benefits Programs in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official plan documents and not the information contained within this Benefits Guide.

In the event there is any discrepancy between the descriptions of the program elements contained within this Benefits Guide and the official plan documents, the language of the official plan documents shall prevail. Please refer to the plan-specific documents published by each of the respective carriers or third-party administrators for detailed plan information. Eligibility for any benefit plan is determined by plan documents and policies. You should be aware that any and all elements of our Benefits Program may be modified, amended, updated, or terminated in the future—without agreement of any employee or participant—to meet our obligations under relevant law (including Internal Revenue Service and U.S. Department of Labor rules) or otherwise as determined by Columbus Consolidated Government. If you have any questions regarding this Benefits Guide, please contact Human Resources.

Eligibility & Enrollment

2026

Columbus Consolidated Government benefit plan year begins on January 1 and ends on December 31. This benefit guide outlines the benefits that apply for the 2026 plan year.

EMPLOYEE ELIGIBILITY

All active regular, full-time employees scheduled to work 30 or more hours a week are eligible to enroll in Columbus Consolidated Government benefits program

DEPENDENT ELIGIBILITY

Your eligible dependents may include:

- Your legal spouse
- Your child(ren) up to age 26 including natural children, legally adopted children, and stepchildren
- Your child(ren) over age 26 who are not able to support themselves due to a physical or mental disability

Please Note: Enrolling someone who is not qualified as a dependent is considered insurance fraud. If enrolling dependents under any plans, please provide HR with documents showing proof of relationship.

WHEN CAN I CHANGE MY COVERAGE?

The elections you make during your enrollment period will remain in place for the entire plan year, unless you experience one of the following Qualifying Life Events:

- Changes to legal marital status – marriage, divorce, death, legal separation or annulment
- Change in number of tax dependents – birth, adoption, placement of a foster child, death
- Changes in employment status for either employee or spouse
- Changes in work schedule of either employee or spouse, including reduction/increase in work hours
- Dependents becoming ineligible
- Change in residence or worksite for you, your spouse, or dependent
- Entitlement to Medicare

If you qualify for a change in your benefits, please notify Columbus Consolidated Government HR Department **within 30 days** of the change in status. You will need to provide proof of the change.

Medical/Rx Plan Overview

MEDICAL COVERAGE

Medical coverage is administered through Anthem Blue Cross Blue Shield. You'll have access to a broad network of doctors and hospitals, providing you with quality care and significant savings in comparison to receiving services out-of-network.

PHARMACY COVERAGE

Pharmacy benefits are provided through Optum RX. You may purchase up to a 30-day supply of covered drugs when you fill your prescription at a participating retail pharmacy.

You can use the mail order pharmacy program if you use a maintenance medication, such as those for blood pressure or cholesterol. The mail order pharmacy program offers up to a 90-day supply at a reduced cost to you.

WHAT IT MEANS TO STAY IN –NETWORK AND WHY IT SAVES YOU MONEY

Think of it this way: in-network is about getting health care from the broad range of providers who are part of your health plan. So, for in-network, that means a group of doctors, hospitals, and other health care providers have agreed to give you discounted rates because you're an Anthem BCBS member.

They negotiate for you, so, you'll have less out-of-pocket costs when you get care. Providers can't send you a bill for more than what has been agreed to - this is called balance billing. You're safe from balance billing if you stay in-network.

HOW TO LOCATE A DOCTOR IN YOUR PLAN'S NETWORK

- Download the Sydney Health App to search for doctors, hospitals, and other healthcare professionals

CONTRIBUTION RATES	SILVER PLAN NON-WELLNESS	SILVER PLAN W/ WELLNESS INCENTIVE	GOLD PLAN NON-WELLNESS	GOLD PLAN W/ WELLNESS INCENTIVE
Employee Only	\$94.05	\$73.36	\$139.64	\$108.92
Employee & Spouse	\$176.82	\$137.92	\$268.69	\$209.57
Employee & Child(ren)	\$164.62	\$128.40	\$250.13	\$195.10
Employee & Family	\$260.44	\$203.14	\$396.21	\$309.05

Medical/Rx Plan Highlights

See the summary of your medical and prescription benefits below. For complete details, exclusions and limitations, and out-of-network benefits, see the Certificates of Coverage which are available from Human Resources or your benefits website.

	SILVER PLAN	GOLD PLAN
MEDICAL BENEFITS	In- Network	In- Network
Calendar Year Deductible Per Individual / Family Aggregate	\$2,000 / \$4,000	\$1,000 / \$2,000
Out-of-Pocket Maximum (includes Deductible) Per Individual / Family Aggregate	\$6,350 / \$12,700	\$6,350 / \$12,700
Coinsurance (% the plan pays)	80%	90%
Preventive Services	\$0	\$0
Office Visits Primary Care / Specialist	\$40 / \$50	\$30 / \$40
Urgent Care	\$60	\$60
Emergency Room	\$200 + Coinsurance	\$150 + Coinsurance
Inpatient Hospital	Deductible & Coinsurance	Deductible & Coinsurance
PRESCRIPTION BENEFITS		
Retail Pharmacy Generic / Preferred Brand / Non-Preferred Brand / Specialty / Lifestyle	\$15 / \$40 / \$60 / \$150 / 50%	\$15 / \$40 / \$60 / \$150 / 50%
Mail Order (90-day supply) Generic / Preferred Brand / Non-Preferred Brand	\$30 / \$80 / \$120	\$30 / \$80 / \$120
All medications are free when available at the HWC (Health & Wellness Center)		

Health & Wellbeing Resources

PREVENTIVE CARE

One of the best ways to stay healthy and mitigate health risks is to follow established guidelines around preventive care, including check-ups, screenings, and immunizations. Your medical, dental, and vision plans cover in-network eligible well care visits, screenings and immunizations at no cost for you and your covered family members.

TELEMEDICINE

If you have a cold, sore throat, sinus problem or other benign condition, you may be able to skip the doctor's office and receive expert care from the comfort of home. This virtual visit benefit allows you to video conference with a doctor using your mobile device or computer. If a prescription is needed, your doctor will send the script to the pharmacy of your choice. To learn more about virtual visits, visit www.anthem.com

ONLINE & MOBILE RESOURCES

- Stay on top of your benefits anywhere you go with carrier mobile apps and websites.
- Find a provider and care
- Download an ID card
- Check your benefits and review your claims
- Compare costs and access discounts
- Contact customer support

DISCOUNTS

View hundreds of discounts available to you, including hearing devices, fitness equipment, homeopathic health services, and much more. Log in to anthem.com/register to access these great deals:

RESOURCE

Use Sydney Health to keep track of your health and benefits – all in one place. With just a few taps, you can quickly access your plan details. Member services, virtual care, and wellness resources. Sydney Health stays one step ahead – moving your health forward by building a world of wellness around you.

- Find Care
- My Health Dashboard
- Chat
- Virtual Care
- My Health Records
- ¿Prefieres obtener información en español?

Flexible Spending Account

Columbus Consolidated Government offers the choice of two Flexible Spending Accounts (FSAs) administered by Medcom, which allow you to pay for eligible expenses with pre-tax dollars.

A full list of qualified expenses can be found in IRS Publication 502, at www.irs.gov/pub/irs-pdf/p502.pdf.

Please note that if you have currently elected an FSA, you must re-elect coverage for 2026 to continue participating, even if you do not intend to change your election amount.

HEALTH CARE FSA

Health Care FSAs may be used to pay for eligible medical, prescription, dental and vision expenses not fully covered by your insurance plans for you and your tax eligible dependents. This account is only available to those enrolled in a PPO medical plan.

You may elect to defer up to \$2,800 into your healthcare FSA. Your healthcare FSA/DCA will have a grace period which allows you to use up any remaining funds through 2.5 months from the end of the 2026 calendar year

DEPENDENT CARE FSA

Dependent Care FSAs may be used to pay for eligible expenses related to the care and supervision of your child (age 12 or under) or adult dependent on your tax return.

You may elect to defer up to \$5,000 of your salary into a dependent care FSA per household. If you are a highly compensated employee (HCE), defined by the IRS as an employee with annual compensation greater than \$145,000, your election will be capped at \$2,500 and may be reduced during the year, if necessary, to ensure that the plan passes required discrimination testing

Eligible expenses include child or adult daycare, after school care, nursery school, nanny or babysitter. You must accumulate the funds in your Dependent Care FSA before you can be reimbursed.

Please note that for expenses to qualify for reimbursement, both you and your spouse (if applicable) must be working, looking for work or attending school fulltime during the period for which you are requesting reimbursement.

Dental Plan Overview

Dental coverage is offered through Anthem BCBS. You may view your benefits, print an ID card and locate in-network dental providers by visiting www.anthem.com

KEY FEATURES & DETAILS

- Late Entrant Benefit Waiting Periods: Employees and dependents who did not enroll within 31 days of their initial eligibility, will be subject to the following late entrant waiting periods: 6 months- Oral Surgery, 12 months- all other Major Services, 18 months-Ortho.
- The Dental Plan Highlights is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. Keep in mind, if your dentist charges more than the Plan’s “reasonable and customary” charge, you may be required to pay the extra amount.
- **Log on to anthem.com** and click on **Find Care**.
- Click the **Locate Dental Providers** link. Next, choose a specialty from the drop-down menu or select ‘**no preference**’ and then click continue. Enter your search criteria by location or name.
- **Member/Patient Services:** (855) 397-9269

CONTRIBUTION RATES	BASE PLAN	BUY-UP PLAN
Employee Only	\$7.95	\$12.24
Employee & Spouse	\$15.90	\$27.11
Employee & Child(ren)	\$15.11	\$28.14
Employee & Family	\$23.87	\$43.44

Dental Plan Highlights

	BASE PLAN	BUY-UP PLAN
In-Network Only		
Calendar Year Deductible For Individual Family Aggregate	\$50 \$100	\$50 \$100
Diagnostic & Preventive (Type A) Cleanings, exams, x-rays, sealants, space maintainers and fluoride treatments	Covered 100%	Covered 100%
Basic Services Type B) Fillings (including tooth-colored fillings on posterior teeth), repairs, extractions, oral surgery, general anesthesia, endodontics and periodontics	70% after deductible	80% after deductible
Major Services (Type C) Inlays, onlays, crowns, bridges and implants	40% after deductible	50% after deductible
Orthodontic Services (Type D) Adults and Child(ren)	N/A	50%
Lifetime Orthodontia Max	N/A	\$1,500
Annual Benefit Maximum	\$1,000	\$1,500
Out-of-Network You may be balance-billed if you use an out-of-network provider		
Diagnostic and Preventive (Type A)	100%	100%
Basic Services (Type B)	70% after deductible	80% after deductible
Major Services (Type C)	40% after deductible	50% after deductible
Orthodontic Services (Type D)	N/A	50%

Vision Plan Overview

Vision coverage is offered through Anthem Blue View Vision. You may view benefits, print an ID card and locate in-network vision providers at www.anthem.com. When you utilize a provider that participates in the network, discounts will be greater and there are no claim forms necessary.

KEY FEATURES & DETAILS

- Blue View Vision offers you one of the largest vision care networks in the industry, with a wide selection of experienced ophthalmologists, optometrists, and opticians. Blue View Vision’s network also includes convenient retail locations, many with evening and weekend hours, including West Georgia Eye Care, LensCrafters®, Target® Optical, and Pearle Vision® locations. Best of all – when you receive care from a Blue View Vision participating provider, you can maximize your benefits and money-saving discounts. Members may call Blue View Vision toll-free at (866) 723-0515 with questions about vision benefits or provider locations.

WHAT IS A BENEFITS ALLOWANCE?

A benefit allowance gives you a certain dollar amount to use towards contacts and glasses (lenses and frames). When you choose materials that are within that dollar amount or allowance, they are covered at 100%.

If you choose a frame exceeding your plan allowance, you’ll be responsible for paying the overage, in addition to any applicable copays at the time of your visit.

CAN I GET CONTACTS AND GLASSES IN THE SAME CALENDAR YEAR?

No. You can only get contacts OR glasses in the same calendar year, not both.

CONTRIBUTION RATES	VISION PLAN
Employee Only	\$3.88
Employee & Spouse	\$6.77
Employee & Child(ren)	\$7.35
Employee & Family	\$11.22

Vision Plan Highlights

VISION PLAN	
In-Network Only	
Eye Exams Routine Eye Exam Contact Lens Fitting/Follow-up <i>Benefits may be redeemed every 12 months</i>	\$10 copay Standard: \$55 allowance Premium: 10% discount
Frames <i>Benefits may be redeemed every 24 months</i>	\$250 allowance
Standard Plastic Lens Single Vision Bifocal Trifocal	Covered in full after a \$10 Copay
Contacts Elective / Medically Necessary <i>Benefits may be redeemed every 12 months</i>	\$250 allowance / Covered in Full
Out-of-Network Reimbursement	
Eye Exams Routine Eye Exam Contact Lens Fitting/Follow-up <i>Benefits may be redeemed every 12 months</i>	Up to \$30 Not Covered
Frames <i>Benefits may be redeemed every 24 months</i>	Up to \$45
Standard Plastic Lens Single Vision Bifocal Trifocal	\$25 Copay \$40 Copay \$55 Copay
Contacts Elective / Medically Necessary <i>Benefits may be redeemed every 12 months</i>	\$105 / \$210

Life and AD&D Overview

Columbus Consolidated Government provides Basic Life and Accidental Death and Dismemberment (AD&D) coverage to all full-time employees at no cost. Employees receive a generous benefit of 1.5 times your base annual income through Aflac.

Employees have the option to purchase additional Voluntary Term life and AD&D insurance coverage through Aflac.

VOLUNTARY EMPLOYEE LIFE/AD&D COVERAGE

You may elect to purchase \$10,000 coverage increments, up to \$500,000.

The guaranteed issue amount is \$200,000 for new hires. You can elect up to the guaranteed issue amount when you are first eligible for the plan without having to submit evidence of insurability.

VOLUNTARY SPOUSE LIFE/AD&D COVERAGE

Those enrolling in voluntary employee life coverage may also elect to purchase \$10,000 coverage increments, up to \$100,000 for their spouse.

The guaranteed issue amount is \$20,000. You can elect up to the guaranteed issue amount when you are first eligible for the plan without having to submit evidence of insurability.

CHILD(REN) VOLUNTARY LIFE/AD&D COVERAGE

Those enrolling in employee optional life coverage may also elect to purchase \$5,000 or \$10,000 of coverage for their child(ren).

All child life amounts are guarantee issue and no evidence of insurability is required.

EVIDENCE OF INSURABILITY

Initial elections in excess of the guarantee issue amounts, and late enrollees must complete evidence of insurability. Coverage will be effective on the first day of the month following the date your medical questionnaire is approved by the insurance company.

During Open Enrollment for employees already enrolled in Voluntary Term Life, employees can increase coverage up to the guaranteed issue amount of \$200,000 without completing an Evidence of Insurability Form.

Voluntary Overview

Voluntary plans are offered through Aflac and provide benefits which pay directly to you, regardless of any other insurance you may have. These plans help with medical and personal expenses incurred when a person is undergoing treatment. Costs of the plans will vary by employee.

AFLAC WHOLE LIFE

- Employee – Coverage amount: up to \$100,000. Spouse – Coverage amount: up to \$50,000 (not to exceed employee's coverage). Children (ages 15 days - 24 years) – \$10,000 child term life rider covers all your dependent children for only \$1.38 per week. A \$10,000 or \$25,000 certificate is also available for each child.
- Builds cash value
- No medical exams required
- Permanent Insurance Protection
- Portability

AFLAC CRITICAL ILLNESS

- Critical Illness Benefits are payable for specified conditions and can help to cover the costs of your treatments and related expenses, regardless of your major medical insurance coverage .
- Child coverage at no additional cost – Each dependent child is covered at 25% of the primary insured amount at no additional charge
- \$50 Health screening benefit (Employee & Spouse only)

AFLAC HOSPITAL INDEMNITY

- Group Hospital Indemnity plan means that you could have added financial resources to help with medical costs or ongoing living expenses.
- Hospital Confinement Benefit (up to 180 days per confinement) - \$200 per day
- Hospital Intensive Care Benefit (30-day max for any one period of confinement) - \$200 per day
- Surgical and Anesthesia Benefits – Surgery up to \$2,000; Anesthesia up to \$500
- Out of Hospital prescription Drug Benefit - \$10 with a 5-prescription maximum per year per covered person
- Hospital Emergency Room/Physician Benefit (Medical Fees Benefit) – Up to a maximum of \$50 per visit. Maximum \$250 per covered person per calendar year. Maximum \$1,000 per Family per calendar year
- Well Baby care Benefit - \$25 per visit

Employee Assistance Program/Telemedicine

TELEMEDICINE – NEW BENEFITS

- A discount benefits program offering significant savings on things that matter. All the benefits listed are available to the employee and his/her immediate family. The membership is simple to use. Employees can search for providers on www.mybenefitswork.com/
- General Medical – Teladoc
- Nutrition
- Dermatology
- Work Life Services
- NB Rx Pharmacy Services
- Key

EMPLOYEE ASSISTANCE PROGRAM – PASTORAL INSTITUTE

- Columbus Consolidated Government provides confidential counseling sessions at the Pastoral Institute for you and your family at no cost to you. Employees and their families have access to 12 free visits per year.
- With licensed and certified counselors located across the United States, our program gives you easy access to professional help with issues that impact your personal, family and work life. Take advantage of your benefit for any number of issues, including but not limited to, the following.
 - Relationships
 - Child and elder care
 - Stress, anxiety and depression
 - Alcohol and drug abuse and other addictions
 - Domestic violence and anger
 - Divorce, remarriage and step-parenting
 - Grief
 - Work issues

Medicare Information

Are You turning 65 and still actively working?

If you're turning 65 this year, you'll be getting a Medicare Enrollment kit from CMS, giving you the option to enroll in Medicare Parts A, B as well as Medicare Part D. **You'll be getting the kit 60 to 90 days before your birthday.**

Please read the Medicare materials carefully. It helps to know all you can when you decide about enrolling in Medicare.

If you're an active employee and you get health insurance through Columbus Consolidated Government, this coverage will be your primary insurance. Medicare will be your secondary coverage.

Your coverage as an active employee is considered Creditable Coverage for Medicare Parts B and D. As long as you're enrolled in health coverage through Columbus Consolidated Government as an active employee, you won't be penalized if you put off enrolling in Medicare Parts B and D until your retirement.

For more information, visit the Medicare website at:

<http://www.medicare.gov> or contact the Human Resources Department.

Contribution Rates

MEDICAL BENEFITS

CONTRIBUTION RATES	SILVER PLAN NON-WELLNESS	SILVER PLAN W/ WELLNESS INCENTIVE	GOLD PLAN NON-WELLNESS	GOLD PLAN W/ WELLNESS INCENTIVE
Employee Only	\$94.05	\$73.36	\$139.64	\$108.92
Employee & Spouse	\$176.82	\$137.92	\$268.69	\$209.57
Employee & Child(ren)	\$164.62	\$128.40	\$250.13	\$195.10
Employee & Family	\$260.44	\$203.14	\$396.21	\$309.05

DENTAL BENEFITS

CONTRIBUTION RATES	BASE PLAN	BUY-UP PLAN
Employee Only	\$7.95	\$12.24
Employee & Spouse	\$15.90	\$27.11
Employee & Child(ren)	\$15.11	\$28.14
Employee & Family	\$23.87	\$43.44

VISION BENEFITS

CONTRIBUTION RATES	VISION
Employee Only	\$3.88
Employee & Spouse	\$6.77
Employee & Child(ren)	\$7.35
Employee & Family	\$11.22

WELLNESS INCENTIVE

Wellness remains the primary focus, as it relates to benefits, for 2026. Employees who choose to participate in the wellness incentive program by completing a Personal Health Assessment and attending health coaching sessions, if required, will see a small increase to their current payroll deduction for medical coverage for the 2026 plan year. The deadline to complete the Personal Health Assessment is September 12th. By focusing on wellness and managing our health conditions, we are better able to control our medical expenses in the future and stabilize the cost for coverage.

TOBACCO SURCHARGE

A tobacco surcharge of \$75.00 per month or \$34.62 biweekly surcharge above the premium rate will apply to all employees that certify they are a tobacco user or fail to complete the Tobacco Attestation Form. Employees can avoid the surcharge by completing the program and providing Human Resources with a certificate of completion. Within one month of providing your certificate of completion to Human Resources, any surcharge premiums you have been deducted since January 1st, 2026, will be refunded. Please visit the Benefit Resource Center to obtain the Tobacco Attestation Form and to access important information regarding the Tobacco Cessation Program: <https://shawhankinsbenefits.net/CCG/tobacco-surcharge/>.

SPOUSAL SURCHARGE

Columbus Consolidated Government will impose a \$356.98 per month or \$164.76 biweekly surcharge above the premium rate for all active employee/Pre-65 retiree premium plans including the Silver and Gold Plans. This surcharge is subject to change annually. The surcharge applies to employees/Pre-65 retirees, hereafter referred to as Applicants who elect to cover their working spouses who are eligible for group medical coverage through his/her own employer (other than through Columbus Consolidated Government agencies), or spouses that are retired and have access to a group health plan through his/her previous employer (other than through Columbus Consolidated Government agencies). If, at any point, a spouse ceases to be eligible for his/her employer's medical coverage, he/she may be enrolled under Applicant's Columbus Consolidated Government medical plan coverage and will not be subject to the surcharge above the premium rate. Employees will be charged a spousal surcharge if the covered spouse is offered medical benefits through his or her employers and elects to waive offered coverage.

Contact Information

Benefit	Phone Number	Website/Email
Benefit Enrollment Questions NFP Service Center	1-844-505-9158	nfpSEcustomerservice@nfp.com
Retiree Service Center NFP Service Center	1-844-505-9158	nfpSEcustomerservice@nfp.com
Medical Benefits Anthem Blue Cross Blue Shield	1-855-397-9267	www.anthem.com
Pharmacy Benefits OptumRX	1-844-265-1719	www.optumrx.com
Dental Benefits Anthem Blue Cross Blue Shield	1-800-627-0004	www.anthem.com
Vision Benefits Anthem Blue Cross Blue Shield	1-866-723-0515	www.anthem.com
Life and AD&D Benefits Aflac	1-800-206-8826	www.aflacgroupinsurance.com
Whole Life, Critical Illness, & Hospital Indemnity Aflac	1-800-433-3036	www.aflacgroupinsurance.com
Flexible Spending Accounts Medcom	1-800-523-7542	www.medcombenefits.com
NewBenefits Telemedicine Teladoc		www.mybenefitswork.com
Employee Assistance Program Pastoral Institute	1-800-649-6446	www.pastoralinstitute.org
CCG Health and Wellness Center CareATC	706-438-4595	www.patients.careatc.com

Glossary

NETWORK

A group of health care providers, including dentists, physicians, hospitals and other health care providers that agree to accept pre-determined rates when servicing members.

PRIMARY CARE PHYSICIAN (PCP)

The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

COPAY OR COPAYMENT

A set dollar amount you pay for network doctors' office visits, emergency room services and prescription drugs.

DEDUCTIBLE

Total dollar amount, based on the allowed amount, you must pay out-of-pocket for covered medical expenses each calendar year before the plan pays for most services.

COINSURANCE

A percentage of the medical costs, based on the allowed amount, you must pay for certain services after you meet your annual deductible.

OUT-OF-POCKET MAXIMUM

The maximum amount of coinsurance a Plan member must pay towards covered medical expenses in a calendar year for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays the entire coinsurance amount for covered services for the remainder of the calendar year. Deductibles and copays apply to the annual out-of-pocket maximum.

PRESCRIPTION & FORMULARY DETAILS

- **Generic Drugs:** These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.
- **Brand Formulary Drugs:** The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.
- **Non-Formulary Drugs:** These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost.
- **Specialty Drugs:** Prescription medications that require special handling, administration or monitoring. These drugs may be used to treat complex, chronic and often costly conditions.



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Prepared by

